

Case Number:	CM15-0181579		
Date Assigned:	09/22/2015	Date of Injury:	12/20/2013
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old male who sustained an industrial injury on 12-20-13. The injured worker reported left lower extremity pain. A review of the medical records indicates that the injured worker is undergoing treatments for pain in joint of lower leg, pain in joint of ankle and foot and skin sensation disturbance. Medical records dated 7-27-15 indicate pain rated at 3 out of 10. Provider documentation dated 7-27-15 noted the work status as temporary totally disabled. Treatment has included Norco since at least December of 2014, Naproxen since at least January of 2015, left ankle magnetic resonance imaging (7-17-14), left knee magnetic resonance imaging (6-30-14), physical therapy, home exercise program; status post left knee arthroscopic partial meniscectomy and chondroplasty (9-23-14). Objective findings dated 7-27-15 were notable for left knee with restricted range of motion, tenderness to palpation to the joint line, left ankle with tenderness. The original utilization review (8-21-15) partially approved a request for 6 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

6 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the left lower extremity. The current request for 6 sessions of physical therapy. The treating physician report dated 7/27/15 (30C) states, "(The patient) will benefit from 6 sessions of physical therapy for his Left ankle and knee in order to improve his functional abilities and decrease pain." The UR report dated 8/21/15 (6A) states, "The patient previously underwent 12 postoperative physical therapy sessions in approximately October 2014 and a general course of 6 therapy sessions unrelated to surgery in January 2015." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 18 sessions of prior physical therapy. In this case, the patient has received at least 6 general physical therapy sessions to date and therefore the current request of an additional 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, the current request does not specify a specific body part to be addressed during physical therapy. The current request is not medically necessary.